

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>B5</i>		<i>11-13-01</i>
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	<i>T A</i>	<i>irrny</i>	<i>4/7/01</i>
<b>RESPONSE FORMALITY REVIEW</b>	<i>H-L</i>	<i>1079</i>	<i>12/2/01</i>

## INDEX OF CLAIMS

Rejected N ..... Non-elected  
 Allowed I ..... Interference  
 (Through numeral)... Canceled A ..... Appeal  
 Restricted O ..... Objected

Claim	Original	Date
1	Final	
1	Original	
1	✓	10/22/02
2	Final	
2	Original	
2	✓	10/22/02
3	Final	
3	Original	
3	✓	10/22/02
4	Final	
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4	✓	10/22/02
5	Final	
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5	✓	10/22/02
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If more than 150 claims or 10 actions  
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